

SIGNATURE CARD		
Last Name	First Name	Middle Initial
Service Line:		
MD Number:		MT Number:
VA Assigned #:		DEA #:
Class:	PGY:	Pager:
Signature		

INSTRUCTIONS

Please complete the above Pharmacy Signature Card.

MD or MT Number: Your license number should be submitted in the following forms: MD-XXXXXX or MT-XXXXX.

DEA #: This is not required. If you have one you may list it.

VA Assigned # and Expiration date is completed by the VAPHS Pharmacy Department.

Please Print and Sign the Signature Card.

Return to the Pharmacy Service via your Trainee Coordinator.